



## CHANGE OF CORRESPONDENCE ADDRESS Application

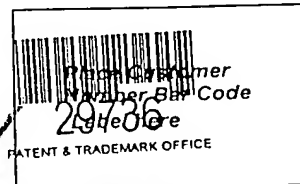
Address to:  
Assistant Commissioner for Patents  
Washington, D.C. 20231

Application Number	10/087,536
Filing Date	February 28, 2002
First Named Inventor	Michael A. Libes
Art Unit	<del>2631</del> 2684
Examiner Name	
Attorney Docket Number	41899-001

Please change the Correspondence Address for the above-identified application to:

☒ Customer Number 29736  
Type Customer Number here

OR



*Copy*

RECEIVED

MAY 16 2003

Technology Center 2600

<input type="checkbox"/> Firm or <input type="checkbox"/> Individual Name				
Address				
Address				
City		State		ZIP
Country				
Telephone		Fax		

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

- ☐ Applicant/Inventor.
- ☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or Agent of record.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number .....

Typed or Printed Name Kathleen T. Petrich

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.